



Driving-Under-the-Influence Advisory Group  
Meeting Minutes  
September 13, 2011

Advisory Group Members in attendance in person/or conference call

---

Michael Cunningham	Millicent Gomes	
Linda Bridgeman-Smith	Georgi Distefano	Marchetta Dycus
Linda Dyer	Teri Kerns	Luky Maldonado
Gary McDonald	Maleah Novak	Brett O'Brien
Patrice Rogers	David Sackman	Rick Sullivan
Jane Wise		

Millicent Gomes, Deputy Director, Office of Criminal Justice Collaboration, Department of Alcohol and Drug Programs (ADP) opened the meeting by welcoming all members in attendance, members attending via conference call, and audience members. Millicent reviewed the agenda.

Millicent provided information regarding ADP updates. Since the last DUI Advisory Group meeting, ADP reviewed the public comments, incorporated changes, and sent out the DUI regulations for a 15-day comment period. ADP is required to give CADPAAC 45 days to review regulations before they are voted on. CADPAAC will vote on the regulations on September 30, 2011. After the CADPAAC vote, the regulations are submitted to the Office of Administrative Law for review. This process can take several months. Upon completion of review, the regulations will become effective. A document showing the proposed changes in the regulations compared to current regulations is included in the folders.

As part of the Fiscal Year 2011-12 budget process, on June 28, 2011, Governor Brown signed Assembly Bill 106 (Chapter 32, Statutes of 2011), which enacted law to transfer the administration of the Drug Medi-Cal Treatment Program and applicable federal Medicaid functions from ADP to the Department of Health Care Services (DHCS), effective July 12, 2012. The law requires DHCS to submit a written transition plan to the fiscal and applicable policy committees of the Legislature no later than October 1, 2011, and permits updates to the Legislature during budget committee hearings after that date, if necessary. The law directs DHCS to coordinate with ADP and convene a series of stakeholder meetings to obtain input that guides the development of the transition plan. Stakeholders consist of clients, their families, providers, counties and representatives of the Legislature.

AB 106 states that the transfer of functions from ADP to DHCS shall occur in an efficient and effective manner, with no unintended interruptions in service delivery. Ultimately, the transfer is intended to:

- Improve access to alcohol and drug treatment services, including a focus on recovery and rehabilitation services.
- More effectively integrate the financing of services, including the receipt of federal funds.
- Improve state accountability and outcomes.
- Provide focused, high-level leadership for behavioral health services.

Additionally, ADP has formulated a transition team to work on other aspects of the Governor's proposal to realign substance use programs and state funding, and place remaining ADP function in other state departments.

This team is working on three key initiatives:

- The transfer of Drug Medi-Cal Services to DHCS.
- The realignment of four state programs and related funding to counties,
- Activities related to the proposal to eliminate ADP and place remaining functions in other state department(s).

The project managers on the Transition Team include:

- Lexi Gonzalez, Senior Information Systems Analyst (Specialist), Project Management Office Lead,
- Osiris Shabaaz, Staff Services Manager II, Licensing and Certification Division, Program Compliance Branch; and
- Kevin Wortell, Research Manager II, Office of Applied Research and Analysis

ADP has established a web page providing information about health care reform's impact on the substance use disorder (SUD) field. This webpage was created by ADP's Program Services Division and offers a variety of resources to help the SUD field prepare for the federal Patient Protection and Affordable Care Act's (ACA) impact on California SUD services. Perhaps the most significant legislation affecting the SUD field, ACA's public and private insurance expansion presents opportunities to serve new clients with untreated SUDs, increase prevention efforts, improve service quality and health outcomes, and reduce overall health care costs.

The ADP Health Care Reform web page includes resources from federal and state agencies as well as credible private organizations covering the ACA.

(<http://www.adp.ca.gov/healthcare/index.shtml>) For a basic overview of the ACA requirements for substance use disorder services, visit [http://www.adp.ca.gov/healthcare/pdf/HCR\\_Overview.pdf](http://www.adp.ca.gov/healthcare/pdf/HCR_Overview.pdf).

The members appreciate the feedback regarding the regulations and feel that a good package has been forwarded.

Michael Cunningham joined the advisory group meeting and explained the 4 initiatives that ADP is working on.

1. Administrative functions of drug medical
  - a. ADP is in the process of reviewing the administrative functions of drug medical for the move which is slated to be complete by July 2012. The final draft of language for transfer is going to the legislature October 1, 2011.
2. Realignment of four programs
  - a. The four programs for realignment are drug court programs, drug medical, non drug medical, and perinatal. The programs are set up for realignment to the counties however an implementation date has not yet been announced.
3. Placement of ADP
  - a. At the end of Fiscal Year 2012/2013, ADP and Mental Health will be eliminated and the services performed will transfer to another department(s). The January 10, 2012 budget should have language that indicates where ADP's functions will go. Notes are being compiled from stakeholder meetings and will be put on the website. For additional comments there is a link on the ADP website.
4. Prepare for health care reform
  - a. ADP is preparing the field for health care reform. ADP is taking input/comments about what the state needs to do to move forward and the deadline is the end of September.

A few members had questions regarding the elimination including, why is the department being eliminated? Fiscal Year 2010/2011 budget has language detailing the reason for the elimination. Another question is 'Will the Health and Safety Code need to be rewritten?' The code will not have to be rewritten initially. There is a possibility that the Health and Safety Code may be rewritten, however that is not known at this time. Michael expressed a need to inform DUI providers and CADPAAC that the ADP website is available for comments regarding the realignment of services and elimination of the department.

Marchetta Dycus presented information about Department of Motor Vehicles' (DMV) Justice and Government (JAG) Liaison Branch. This unit is DMV's departmental liaison with judges, courts, district attorneys, and other governmental agencies that access and update driver license and vehicle registration information on the department's databases. The JAG branch provides the following services:

- Training for abstract updating, traffic violator school drivers license and vehicle registration printouts, legislation/bills
- Provide in person and web based training
- Assist court personnel
- Answer policy and procedural questions

- JAG sends bulletins to the courts that has great information. Members asked if it is possible to get some of the updates that are sent to the courts to the providers. Marchetta said that it is possible to get a link to subscribe for information.

Millicent asked Gary McDonald if there was anything new with Mothers' Against Drunk Driving. There is legislation which requires repeat offenders to install Ignition Interlock Device (IID) in their vehicles. There is a low compliance with that currently. MADD is analyzing at several pieces of legislation including one which gives those without a license a 'free zone' if they are caught for a DUI. The car is not impounded and the offender must wait for someone with a license to come retrieve the vehicle. Many times, the licensee are returning the vehicle right back to the offender. Patrice Rogers from DMV's Research and Development Branch stated that unlicensed (those who have never had a license) people are five times as likely to cause a crash. Those with suspended or revoked licenses are four times as likely to cause a crash.

Teri Kerns, from Occupational Health Services presented the Advisory Group with a matrix exhibiting the projects worked on by the previous DUI advisory group and the statuses thereof each.

1. Develop a definition of DUI treatment services.
  - a. Completed and sent as formal recommendation to ADP on July 15, 2008. Confirmation received that the recommendation is under consideration.
2. Complete the draft update of recommended fee range guidelines for ancillary service to reflect the change in the Consumer Price Index for 2007-08.
  - a. The type and amount of approved ancillary services fees are published in §9878(g) in the proposed revisions to Chapter 3, Title 9.
3. Problems with § 13065 (d) – Problems relating to the Department's being able to provide the certifying organization on the corrective action (if any) that has taken by the Department relating to the status of the individual counselor's certification.
  - a. Resolution of counselor complaint actions filed with ADP are now current and ADP is now in compliance with §13065(d).
  - b. Database to look at counselor status
4. Title Nine Regulation Revision
  - a. Recommendations submitted to ADP
5. AB 1916 & AB 762
  - a. Recommendation submitted to ADP on February 18, 2008 that a bulleting be issued clarifying the requirement of a court referral to an enhanced FOP program based on BAC to conform with legislation.

6. Court Referral Tracking System
  - a. Sub-committee defined the issue and the proposed solution including a sample referral form, and procedures to simplify the tracking of DUI program referrals, resulting in improved compliance. This will reduce duplication of effort on the part of the Courts, while improving public safety, and county compliance with the Health and Safety Code, and Title 9, California Code of Regulations.
7. Recommendations for modification of §13065(a) – Procedure for clarification on reporting counselor violations.
  - a. Bob Dorris to submit draft language to the DUIAWG to modify § 13065(a) to make the requirement operational for the field.
  - b. Provide clarification of the process of when and on what basis complaint(s) or allegation(s) get posted on a certifying organization, or ADP's list of certified counselors with the nature of the alleged violation/complaint.
8. Development of a proposed standardized DUI curriculum for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> offender program services.
  - a. Need to review progress on developing an initial concept of what this curriculum would consist of.

Advisory Group members are happy to see the listing of projects that the previous group worked on. At this time, they feel that having the group approve the definition of DUI treatment services is extremely important due to the realignment of services, the possibility of ADP being eliminated, and with Health Care Reform coming. Many members feel that the definition put together from the previous group is a good one and should vote on it. There is objection from the CADPAAC representative on a few things in the definition. In DUI treatment there is no individualized treatment plan, no random testing, and no standardized curriculum. With a few changes to the definition, it is felt that CADPAAC can look at the definition and approve it. CADPAAC and CADDTP must come together to agree on the definition. From the definition, the advisory group feels that it is possible to use it as a starting point for a standard in DUI treatment services. Additionally, there are a few members that would like to know how the definition was created. The previous group cited Title 9 regulations to achieve the definition. After looking at the definition with the accompanying regulations, and the approval of CADPAAC, the advisory group would like to vote on the approval of moving the definition forward to all DUI providers. The advisory group feels that once the definition is approved, standardizing treatment is the next step.

At the next meeting, advisory group would like an update from Sheldon Zhang regarding the descriptive study, update about the definition, and a presentation from Gary McDonald about DUI initiatives that MAAD is doing.